

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.
09/242388
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51		0		0		1
2		1		1		1	52		0		0		1
3		1		1		1	53		0		0		1
4		3		3		1	54		0		0		1
5		3		3		1	55		0		0		1
6		0		0		1	56		0		0		1
7		0		0		1	57		0		0		1
8		0		0		1	58		0		0		1
9		0		0		1	59		0		0		1
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		0		0		1	63						
14		0		0		1	64						
15		0		0		1	65						
16		0		0		1	66						
17		0		0		1	67						
18		0	1	1	1		68						
19		0		1			69						
20	1			1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		4		4			74						
25		0		0			75						
26		0		0			76						
27		0		0			77						
28		0		0			78						
29		0		0			79						
30		0		0			80						
31		0		0			81						
32		0		0			82						
33		0		0			83						
34		0		0			84						
35		0		0			85						
36		0		0			86						
37		0		0			87						
38		0		0			88						
39		0		0			89						
40		0		0			90						
41		0		0			91						
42		0		0			92						
43	1						93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		3		3			97						
48		3		3			98						
49		0		0			99						
50		0		0			100						
TOTAL IND.	3		2		2		TOTAL IND.						
TOTAL DEP.	105		106		53		TOTAL DEP.						
TOTAL CLAIMS	108		107		54		TOTAL CLAIMS						

BEST AVAILABLE COPY